LOS ANGELES COUNTY COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES

April 21, 2015

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, *Co-Chair*	Michelle Enfield	Traci Bivens-Davis	Carolyn Echols-Watson, MPA
Brad Land, *Co-Chair*	Miguel Martinez, MPH, MSW	Miki Jackson	Jane Nachazel
Abad Lopez	Mario Pérez, MPH	Terry Smith, MPA	Yeghishe Nazinyan, MS, MD
Marc McMillin		Jason Wise	
Juan Rivera			
Ricky Rosales			**DHSP STAFF**
Sabel Samone-Loreca			Michael Green, MHSA, PhD
LaShonda Spencer, MD			Carlos Vega-Matos, MPA
Monique Tula			

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1) **Agenda**: Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, *4/21/2015*
2) **Minutes**: Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, *3/17/2015*
3) **Table**: Planning, Priorities and Allocations (PP&A) Committee Work Plan, Draft, *4/21/2015*
4) **Table**: Service/Intervention Recommendations, Updated, *4/21/2015*
5) **PowerPoint**: Priority- and Allocation-Setting TRAINING: FY 2015 Framework and Process, *6/12/2014*
6) **Table**: County of Los Angeles, Division of HIV and STD Programs, Programs and Services, Continuum of Service Definitions by Funders Cross-referenced with COH Service Categories, Commission on HIV and Division of HIV and STD Programs, *3/18/2015*
7) **Table**: County of Los Angeles, Division of HIV and STD Programs Reference with COH Service Categories, Commission on HIV, Draft, *4/21/2015*

1. **CALL TO ORDER**: Mr. Land called the meeting to order at 1:10 pm.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the 3/17/2015 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented **(*Passed by Consensus*)**.

4. **PUBLIC COMMENT *(Non-Agendized or Follow-Up)***: Ms. Jackson urged more focus on unmet need and bringing PLWH into care.

5. **COMMITTEE COMMENT *(Non-Agendized or Follow-Up)***: There were no comments.

6. **CO-CHAIRS' REPORT**:
   - Mr. Ballesteros noted during the last PP&A Work Plan Work Group he raised the concern that Commission members may not understand PP&A's complex planning work to target allocations to identify PLWH out of care, linkage to care, retention, adherence to drive down community Viral Load and monitoring to ensure funds continue to best serve Commission goals.

- He recommended planning a full presentation with DHSP to walk Commission members through the process in detail.

7. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) WORK ACTIVITIES:

A. PP&A Work Plan:

- Mr. Land presented the new draft PP&A Committee Work Plan which incorporates activities into the Assessment, Planning, Implementation, Monitoring and Evaluation (APIME) model. Prior work plan activities were being inserted into the new model which includes a process and structure for completing tasks.
- CDC planning, prioritizing and ranking activities have not yet been fully incorporated into the Plan, but service categories were listed at the bottom of the second page for reference.
- Mr. Rosales had discussed CDC allocation requirements with Sophia Rumanes, MPH, DHSP. The first four services are designated by the CDC as priorities and must be allocated a minimum 75% of grant funds. A maximum of 25% of funds may be allocated to the remaining, optional services. Ms. Rumanes identified subcategories and discussed the formula developed by the Prevention Planning Committee to prioritize interventions. Mr. Land added prioritization was identified as a PP&A activity. It is based on data and a data summit might be a valuable format to address it.
- Ms. Tula noted HRSA deliverables are detailed on the first page. The listing of CDC service categories on the second page, however, reflects what the County funds contractors to do rather than PP&A deliverables.
- Mr. Vega-Matos felt CDC services should not be listed independently because PP&A is now planning for the entire, integrated Continuum of prevention and care/treatment with different funding streams and service definitions. The CDC service categories per se should be retained for reference, but on a separate document.
- Mr. Smith added data review should include subcategories such as the various HIV Testing Services interventions so PP&A can target allocations to improve outcomes. Mr. Rosales added STD activities should also be integrated.
- Dr. Nazinyan said target dates to review draft Los Angeles County Coordinated HIV Needs Assessment (LACHNA) data analysis in November and present final LACHNA findings in December 2015 were too early as work had not yet started. Mr. Land replied the Plan reflected timelines agreed to in October 2014, but it is a living document. Adjusting the timeline might suggest that PP&A complete Ryan White (RW) work first and address the rest when data was available.
- ➲ Accept draft PP&A Committee Work Plan APIME model with initial activity distribution and forward to Executive. The Work Group will refine the Plan and add remaining activities especially those pertaining to CDC and STD funding.
- ➲ PP&A Work Plan Work Group will meet 5/19/2015, 12:00 noon to 1:00 pm, prior to May PP&A meeting to refine the Plan including: move CDC-funded services from draft PP&A Committee Work Plan to separate document; ensure all CDC-funded service action steps are incorporated into the Plan consistent with approach to HRSA-funded services; and move back LACHNA due dates. Work Group members are: Ms. Jackson and Messrs, McMillin, Rivera and Smith.

MOTION #3: Approve the PP&A Committee Work Plan, as presented **(*Postponed*)**.

8. SERVICE/INTERVENTION RECOMMENDATIONS: This item was postponed.

9. PRIORITY- AND ALLOCATION-SETTING (P-and-A):

A. P-and-A Process:

- Mr. Land reported Mr. Pérez had made the suggestion to shift to a two-year process that would address primary allocations in the first year and monitoring with adjustments in the second. Generally major shifts do not occur from one year to the next and the two-year process would allow more time for monitoring and adjustments.
- Mr. Ballesteros added this will be a complicated year due to incorporation of prevention services and funding. Despite that, it is necessary to meet required funder deadlines. Ms. Tula supported the approach while encouraging evaluation of disadvantages and ensuring monitoring so that response to changing circumstances is nimble.
- Dr. Green said the FY 2016 RW application will be due in September so the Commission needs to adopt allocations in time for them to be included in it. CDC prevention allocations can be done at any time.
- There were prior recruitment questions about the last LACHNA as all respondents were from RW providers. Of some 400 respondents, 18 to 20 were not in medical care, but received other RW services. Concerns were raised that PLWH receiving any RW service were more likely to be in medical care so others may have been under-represented. The new LACHNA will sample from the surveillance database so PLWH out of medical care will be equally likely to be sampled.
- On a related topic, Ms. Tula questioned provider input. The Commission previously hosted provider forums, but year-over-year results were static with providers stressing their own services. A survey drew some half dozen responses so results were not statistically viable. DHSP considered mandatory surveys, but providers felt them an unacceptable burden. The Service Utilization Report and DHSP service presentations have supplemented provider input at the table.

- Ms. Tula noted three CDC categories of capacity building assistance for providers: A, health department focus; B, CBO focus; and a new category C, health care organization focus. DHSP could apply under A or the Commission under C for assistance in how to better engage providers next year.
- Mr. Land suggested Public Policy could host a provider forum to elicit systemic input, but Mr. Smith suggested provider input could be elicited during the listening sessions discussed at the April Commission meeting. Multiple sessions could garner varying staff and management perspectives. Input should be elicited strategically with clear goals.
- Mr. Vega-Matos noted patient composites are meant to help identify how different patient populations will utilize the Continuum of HIV Services. For example, patient A, with no insurance, is eligible for all Continuum services, but patient B may access medical care and some mental health via insurance while needing RW support services, e.g., nutrition. These various mixes of needed services can help inform allocations. SBP has not yet begun developing composites.
- Dr. Green said RW Planning Councils (PCs) are required to address two distinct client categories: PLWH who are diagnosed, but not in care; and PLWH who are unaware they are HIV+. PC unmet need plans are expected to address those populations, but patient composites can help frame the discussion.
- PP&A members identified other pertinent populations: PLWH in care, not virally suppressed; HIV- people, high risk, aware of their risk; and HIV- people, high risk, not aware of their risk, e.g., women. Mr. Vega-Matos said a set of investments could be delineated for patient composites based on those categories since the populations of each require different strategies and associated costs. Patient composites can inform multi-year service planning as a whole, but is not necessarily needed to prioritize, allocate to or report on grant services on a yearly basis.
- Slides 14, 15 and 16 address measuring service outcomes against scales such as National HIV/AIDS Strategy goals and treatment cascades. For example, DHSP Ambulatory Outpatient Medical (AOM) contracts include performance based benchmarks drawn from such scales which allow DHSP to evaluate service effectiveness in contributing to ultimate AOM goals of engaging and retaining PLWH in care and achieving suppressed viral loads.
- Such data can inform service revisions to improve effectiveness. For example, Medical Care Coordination was developed partly due to data showing approximately 4,000 patients were enrolled in Psychosocial Case Management, but lacked a medical home. The Commission used data to advocate for improved patient connections to care.
- DHSP is working to refine outcome data so that eventually service category clusters along the Continuum of HIV Services can be evaluated for their effectiveness in contributing to eliminating disparities, supporting engagement and retention in care and suppressing viral loads. Data can eventually help inform allocation discussions.

➲ Revise "Priority- and Allocation-Setting TRAINING: FY 2015 Framework and Process" PowerPoint as follows:
  - All slides: Delete side graphics.
  - Slide 3: Change from "Select Paradigms and Operating Values" to "Review Paradigms and Operating Values" in order to reflect that PP&A will use the prior year's selections for this year's process.
  - Slide 4: Add STD profile presentation to HIV epidemiological profile presentation in June.
  - Slide 5: Delete Bullet 1 on prevention and care service categories since it has been completed.
  - Slide 7: Delete slide pending further review of how to elicit provider input to meet goals.
  - Slide 10: Move Service Utilization Report up from August, possibly to May.
  - Slide 11: Add, "Define client unmet need composites to inform resources needed to address each composite population: 1, PLWH, diagnosed, not in care; 2, PLWH, unaware HIV+; 3, PLWH, in care, not virally suppressed; 4, HIV-, high risk, aware of risk; 5, HIV-, high risk, unaware of risk." Delete characters.
  - Slides 12 and 13: Delete slides.
  - Slides 14 and 15: Combine slides.
  - Slide 17: Change from "October" to "Ongoing" and reposition as needed
  - Slide 18: Change from "October" to "Ongoing" and reposition as needed. Delete "patterns of Affordable Care Act."
  - Slide 19: Change from "October" to "Ongoing."
  - Slide 20: Change from "November" to "September" and after Bullet 1, add "(August)";
  - Slide 21: Change from "December" to "September."
  - Slide 22: Change from "February 2015" to "January 2016" and change question marks to periods.
  - Slides 23 and 24: Change from "February 2015" to "2016."
  - Questions and Answers Slide: Change graphics.

➲ Messrs. Ballesteros and Land will review tasks with DHSP, especially June tasks, and possibly reschedule some to May.

➲ Messrs. Ballesteros and Land will request presentations to PP&A of the HIV epidemiological profile and the most current STD epidemiological profile available from DHSP in June.

- Messrs. Ballesteros and Land will coordinate updates to the P-and-A process with DHSP. Mr. Land will also coordinate with Carolyn Echols-Watson.

B. **Service Category Definitions**:

- Mr. Vega-Matos noted PP&A assigned the Standards and Best Practices (SBP) Committee two tasks: 1. to ensure Commission service category definitions align with funder service definitions; and 2. to create service clusters along the Continuum of HIV Services to facilitate evaluation, referral, programmatic and financial activities as well as to publish Standards of Care (SOCs) by cluster, e.g., services for HIV- people, services for identifying and linking PLWH into care and services to ensure PLWH engage in and are retained in care.
- PP&A reviewed the Continuum of Service Definitions by Funders table detailing funder service categories/definitions and Commission categories/definitions. Mr. Vega-Matos reported SBP recommended use of funder service definitions in P-and-A, completing the first task. The SBP Service Definition Work Group continues work on the second task.
- The Commission previously used its own service categories and definitions for P-and-A, but DHSP had to then convert allocations to HRSA service categories to meet HRSA reporting requirements which is actually the Commission's charge.
- The Commission's ability to target funds is not restricted by allocating per funder service categories/definitions because funds can be targeted by directive, e.g., HRSA lacks a Benefits Specialty service category, but services can be funded under HRSA's Non-Medical Case Management service category with a directive targeting funds to Benefits Specialty.
- Mr. Vega-Matos noted HRSA policy guidelines are also included at the end of the HRSA service category Table 1 starting with Acupuncture Therapy. Guidelines are not service categories themselves, but address limitations on such services, e.g., Acupuncture Therapy is eligible for limited funding under Substance Abuse Treatment Services. HRSA has generally issued such guidelines as program notices in response to questions it has received.
- Some Commission service categories are ineligible for HRSA funding. They are listed at the end of the Table 1.
- Table 2 uses the same breakdown of CDC service categories, CDC limitations, Commission service categories, DHSP and other funding sources as well as a comment section. A Table 3 is being developed for STD services.
- Mr. Land and Ms. Echols-Watson also prepared the three page summary of HRSA and CDC service categories in one column with corresponding Commission service categories in the opposite column including previous priority rankings.
- Ms. Tula asked what information DHSP receives about other funding sources for services in the County. Mr. Vega-Matos replied DHSP does not receive service or funding information from most other resources funding such services.
- HRSA has begun requiring a letter of concurrence from DHSP as part of RW Parts C and D reporting requirements to foster improved service coordination. Consequently, DHSP now receives information including on services and budgets for Part C, $10-12 million and Part D, $1-1.5 million.
- DHSP is also aware of SAMHSA funds within the County since it is also a beneficiary, but is unaware of direct SAMHSA funding to Community-Based Organizations. Other area funding includes HOPWA, $12-14 million, UCLA and USC which receive Part F and various other resources such as SPNS grants. Details are not shared with DHSP. Concurrently, migration due to implementation of ACA has reduced the need for RW medical care.

- Correction to County of Los Angeles, Division of HIV and STD Programs Reference with COH Service Categories, Commission on HIV: change HRSA column for priority rankings 31 through 35 to "Not a HRSA Service."

Motion 4: (*Ballesteros/Land*): Adopt funder definition framework for allocations, financial tracking and reporting services which will also include Commission subcategories **(*Passed by Consensus*)**.

10. NEXT STEPS:

A. Task/Assignment Recap: There was no additional discussion.

B. **Agenda Development for Next Meeting(s)**: There was no additional discussion.

11. ANNOUNCEMENTS: There were no announcements.

12. ADJOURNMENT: The meeting adjourned at 4:00 pm.